

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES**

In re: Dawn Michelle Samborski

Petition No. 99III-020-010

**PRELICENSURE CONSENT ORDER**

WHEREAS, Dawn Michelle Samborski of Norwich, Connecticut (hereinafter "respondent") has applied for licensure to practice as a hairdresser/cosmetician by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of hairdressing/cosmetology under the General Statutes of Connecticut, Chapter 387.
2. Between 1987 and 1997, respondent was found guilty of multiple felony charges, including possession of crack, possession of narcotics, sale of hallucinogen/narcotics, larceny in the third degree, larceny in the sixth degree, and failure to appear.
3. Between 1986 and 1998, respondent abused or excessively used drugs.
4. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.

2. After satisfying the requirements for licensure as a hairdresser/cosmetician as set forth in Chapter 387 of the General Statutes of Connecticut, respondent's license to practice as a hairdresser/cosmetician will be issued.
3. Respondent's license to practice as a hairdresser/cosmetician in the State of Connecticut shall, immediately upon issuance, be placed on probation for two years under the following terms and conditions:
  - a) Respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.
  - i) During the first year of the probationary period, respondent shall submit to monthly random observed urine screens for alcohol, controlled substances, and legend drugs; during the second year, she shall submit to such screens on a quarterly basis. Respondent shall submit to such screens on a more frequent basis if requested to do so by the Department. Said screens shall be administered by a facility approved by the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All

laboratory reports shall state that the chain of custody procedure has been followed.

- ii) Respondent shall cause to have the facility provide monthly reports to the Department on the urine screens for alcohol, controlled substances and legend drugs. All such screens shall be negative for alcohol, controlled substances, and legend drugs, except for medications prescribed by respondent's physician. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.
- iii) Respondent understands and agrees that if she fails to submit a urine sample when requested by her monitor, such missed screen shall be deemed a positive screen.
- iv) Respondent shall notify each of her health care professionals of all medications prescribed for her by any and all other health care professionals.
- v) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, and mouthwash during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or

alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.

- b) Respondent shall attend "anonymous" or support group meetings on an average of eight times per month, and shall provide monthly reports to the Department concerning her record of attendance.
- c) During the period of probation, respondent shall report to the Department any subsequent arrest(s). Such report shall occur within fifteen (15) days of such event.
- d) Respondent shall provide her employer and/or designated supervisor at each place where respondent practices as a hairdresser/cosmetician throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer on a quarterly basis for the entire probationary period, stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state. If respondent is not practicing with reasonable skill and safety and/or in an alcohol and substance-free state, the employer or designated supervisor shall immediately notify the Department.
- e) Respondent shall provide a copy of this Consent Order to her parole officer. Said parole officer shall furnish written confirmation of his/her receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order. Said parole officer shall notify the Department immediately if respondent falls out of compliance with the terms of parole or any subsequent arrest(s).

- f) Respondent shall notify the Department within fifteen (15) days of her release from parole.
  - g) Respondent shall comply with all state and federal statutes and regulations applicable to her license.
  - h) Respondent shall notify the Department of any change(s) of her employment within fifteen (15) days of such change.
  - i) Respondent shall notify the Department of any changes in her home and/or business address within fifteen (15) days of such change.
4. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's hairdresser/cosmetician license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescision of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.
5. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Richard Goldman, Special Investigator  
Department of Public Health  
Division of Health Systems Regulation  
Capitol Avenue, MS #12HSR  
Box 340308  
Hartford, Connecticut 06134-0308

6. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
7. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers & Cosmeticians in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-263 of the Connecticut General Statutes, as amended, is at issue.
8. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
9. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
10. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
11. Respondent understands this Prelicensure Consent Order is a matter of public record.
12. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Dawn Michelle Samborski have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

Dawn Michelle Samborski  
Dawn Michelle Samborski

Subscribed and sworn to before me this 5<sup>th</sup> day of April 1999.

Michael E. Jones  
Notary Public or person authorized  
by law to administer an oath or  
affirmation Comm. Exp. Date  
June 30, 2000  
# 405935

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 8<sup>th</sup> day of April 1999, it is hereby ordered and accepted.

Cynthia Denne  
Cynthia Denne, Director  
Division of Health Systems Regulation

jlk



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

May 5, 2004

Dawn Michelle Washington, H/C  
374 Sherman Avenue, 2<sup>nd</sup> Floor  
New Haven, CT 06511

Re: Prelicensure Consent Order  
Petition No. 99III-020-010  
License No. 049651



Dear Ms. Washington:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective May 1, 2004.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Respectfully,

A handwritten signature in cursive script, appearing to read "Olive Tronchin".

Olive Tronchin  
Division of Health Systems Regulation

c: J. Fillippone



Phone: (860) 509-7400  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12HSR  
P.O. Box 340308 Hartford, CT 06134  
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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED

P 505 284 118

April 16, 1999

Dawn **Samborski**  
63 Lincoln Avenue  
Norwich, CT 06360

Dear Ms. Samborski:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for licensure as a hairdresser/cosmetician in the State of Connecticut.

Connecticut license number 049651 has been issued to you, effective the date of this letter. You are eligible to begin the practice of hairdressing/cosmetology as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being issued. The Consent Order is effective as of the date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health, in writing of any future changes of name and/or address. Such notification to the Department is required by law, and failure to provide same will jeopardize the status of your license.

(860) 509-7569



Phone:

Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12 APP  
P.O. Box 340308 Hartford, CT 06134  
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April 16, 1999

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Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in a timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at (860) 509-7569.

Sincerely,



Debra Tomassone  
Public Health Services Manager  
Division of Health Services Regulation

cc: Kay Zarrella, PHSM  
Richard Goldman, PS II  
Stanley Peck, Director, Legal Office

Petition Number: 99III-020-010